Please type a nlus sinn (+) inside this hoy

2 - 25 - 1017111111

Ap. ed for use through 10/31/2002. OMB 063 = 0

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMEN

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control fund.

PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No. 50051 , First Inventor Williams Around-the-Pump Additive System for Industrial Scale Hazards Title

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Express Mail Label No.

025982896

us

											
APPLICATION ELEMENTS					ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231						
See MPEP chapter 600 concerning utility patent application contents.						Wa	shington, D	C 20231			
(Submit an original and	Form (e.g., PTO/SB/17) a duplicate for fee processing)				7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)						
2. X Applicant claims s See 37 CFR 1.27.		Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)									
3. x Specification (preferred arrangement	[7 set forth below)	a. Computer Readable Form (CRF)									
Descriptive title of the invention - Cross Reference to Related Applications				b. Specification Sequence Listing on:							
 Statement Regarding Fed sponsored R & D Reference to sequence listing, a table, 				i. CD-ROM or CD-R (2 copies); or							
or a computer program listing appendix Background of the Invention					ii. paper						
Brief Summary of the Invention Brief Description of the Drawings (if filed)				c. Statements verifying identity of above copies							
Detailed Descrip	tion	, ,		9. Assignment Papers (cover sheet & document(s))							
Abstract of the Disclosure				10. 37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney							
4. x Drawing(s) (35 U.S.C. 113) [Total Sheets 4]					11. English Translation Document (if applicable)						
5. Oath or Declaration [Total Sheets 1]					12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations						
a. x Newly executed (original or copy)					13. Preliminary Amendment						
Copy from a prior application (37 CFR 1.63 (d)) b. (for continuation/divisional with Box 18 completed)				Return Receipt Postcard (MPEP 503) (Should be specifically itemized)							
i DEI	ETION OF IN	VENTOR(S)	,	Certified Copy of Priority Document(s)							
Sign	ed statement attacl	hed deleting inventor(s)		(if foreign priority is claimed)							
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).				16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.							
6. Application Data Sheet. See 37 CFR 1.76				17. Other: Carried Exp Mail							
18 If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,											
or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.:											
Prior application information: Examiner Group Art Unit:											
For CONTINUATION or DIVISION	NAL APPS only:				lication, from	n which an o		ration is supplied under Box 5b,			
only be relied upon when a por		dvertently omitted from	n the sub	mitted	application p		orated by ren	erence. The incorporation can			
		19. CORRE	SPOND	ENCE	ADDRESS						
Customer Number of	Bar Code Label	finsert Customer No.	or <u>Attach h</u>	ar onda l	aha haral	or X	Correspon	dence address below			
Name	Sue Z. Shaper										
	2925 Briar Park Drive, suite 930										
Address											
City	Houston		State Texas		Δ	Zip Code	77042				
Country			Telepi	hone	713 550	5710	Fax	713 550 5709			
Name (Print/type) Sue Z-Shaper				R	egistration l	Vo. (Attorne	ey/Agent)	31663			
Signature	See hafer -					•	Date	2/22/02			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trader Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant to the Chief Information Officer, U.S. Patent and Trader Office, Washington, DC 20231.

Castomer # 22 929



PTO/SB/17 (11-01)

Approved for use through 10/31/2002. OMB 0851-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Complete if Known **FEE TRANSMITTAL Application Number** for FY 2002 Filing Date Williams First Named Inventor Patent fees are subject to annual revision. Examiner Name Group Art Unit Applicant Claims small entity status | See 37 CFR 1 27 0110SS-50051 TOTAL AMOUNT OF PAYMENT Attorney Docket No.

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)						
X Check Credit card Money Other None		3. ADDITIONAL FEES					
		Entity Fee	Small	Entity Fee		Fee Paid	
X Deposit Account Deposit		130	205	65	Surcharge - late filing fee or oath	1007200	
Account 50-1753 Number	105	130	200	ω	Suicharge - late ming lee of baut	1	
Deposit Account Name		50	227	25	Surcharge – late provisional filing fee or cover sheet		
The Commissioner is authorized to: (check all that apply)		130	139	130	Non-English specification		
Charge fee(s) indicated below X Credit any overpayments	147	2.520	147	2.520	For filing a request for ex parte reexamination		
X Charge any additional fee(s) during the pendency of this application		920*	112	920*	Requesting publication of SIR prior to		
Charge fee(s) indicated below, except for the filling fee					Examiner action Requesting publication of SIR after		
to the above-identified deposit account.	113	1,840*	113	1,840*	Examiner action		
FEE CALCULATION	115	110	215	55	Extension for reply within first month		
					Extension for early within accord month		
1. BASIC FILING FEE	116	400	216	200	Extension for reply within second month		
Large Entity Small Entity	117	920	217	460	Extension for reply within third month		
Fee Fee Fee Fee Description Fee Paid	118	1,440	218	720	Extension for reply within fourth month		
101 740 201 370 Utility filing fee \$370	128	1,960	228	980	Extension for reply within fifth month		
106 330 206 165 Design filing fee	119	320	219	160	Notice of Appeal		
107 510 207 255 Plant filing fee	120	320	220	160	Filing a brief in support of an appeal		
108 740 208 370 Reissue filing fee	121	280	221	140	Request for oral hearing		
114 160 214 80 Provisional filing fee	138	1,510	138	1,510	Petition to institute a public use proceeding		
	140 141	110	240	55	Petition to revive – unavoidable		
SUBTOTAL (1) (\$)		1,280	241	640	Petition to revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,280	242	640	Utility issue fee (or reissue)		
Fee from Extra Claims below Fee Paid	143	460	243	230	Design issue fee		
Total Claims 17 -20**= X = 0	144	620	244	310	Plant issue fee		
Independent 4 -3**= / X 42 = 42	122	130	122	130	Petitions to the Commissioner		
Multiple Dependent	123	50	123	50	Processing fee under 37 CFR 1.17(q)		
Large Entity Small Entity	126	180	126	180	Submission of Information Disclosure Stmt		
Fee Fee Code (\$) Fee Description	581	40	581	40	Recording each patent assignment per property (times number of properties)		
103 18 203 9 Claims in excess of 20	146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))		
102 84 202 42 Independent claims in excess of 3	149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))		
104 280 204 140 Multiple dependent claim, if not paid	179	740	279	370	Request for Continued Examination (RCE)		
109 84 209 42 **Reissue independent claims over original patent	169	900	169	900	Request for expedited examination of a design application		
110 18 210 9 **Reissue claims in excess of 20 and over original patent	*Reissue claims in excess of 20						
SUBTOTAL (2) (\$) 4/2.09		Other fee (specify)					
** or number previously paid, if greater, For Reissues, see above		ed by Bas	ic Filing	Fee Paid	SUBTOTAL (3) (\$)		

SUBMITTED BY	Complete (#	Complete (if applicable)			
Name (Print/Type)	Sue Z Shaper	Registration No. (Attorney/Agent)	31,663	Telephone	713 550 5710
Signature	Due Yull			Date	2/22/02

WARNING: Information on this form may become public. Credit card information sh uld not be included on this form. Provide credit card information and authorization on PTO-2038.